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Moving from Research to Programs for People

NEW PROGRAMS

New evidence-based programs are released periodically. Please check for updates.

Walk Your Heart to Health

Physical Activity
August 2019

Faith in Action (Fe en Accion)

Physical Activity
July 2019

Self-Referral Reminders or Flexible-Sigmoidoscopy Non-participants

Colorectal Cancer Screening
June 2019



Submit a Program



Tools and Resources

National Cancer Institute @theNCI · Apr 15, 2018
What is CAR T-cell therapy? It involves changing a patient's immune cells in the lab so they'll attack cancer cells. <https://cancer.gov/publications/dictionaries/cancer-terms?cid=771302> #AACR18 [View on Twitter](#)

National Cancer Institute @theNCI · 29m
Also happening today at 1 pm ET. @NCICRCHD [View on Twitter](#)

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TODAY: From 1-3 pm, Drs. Stan Lipkowitz and @aszim13 @NCICR_WMB will answer YOUR questions about their research and the latest developments in the field of #breastcancer research on... [View on Twitter](#)

EXPLORE TOPICS

EXPLORE ALL

Breast Cancer Screening	Cervical Cancer Screening	Colorectal Cancer Screening	Prostate Cancer Screening
HPV Vaccination	Informed Decision Making	Public Health Genomics	Survivorship/ Supportive Care
Diet/Nutrition	Obesity	Physical Activity	Sun Safety
Tobacco Control			

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TOPICS

- Screening
 - Breast Cancer Screening
 - Cervical Cancer Screening
 - Colorectal Cancer Screening
 - Prostate Cancer Screening
- Prevention
 - Diet/Nutrition
 - Obesity
 - Physical Activity
 - Sun Safety
 - Tobacco Control
 - HPV Vaccination
- Informed Decision Making
- Public Health Genomics
- Survivorship/Supportive Care
- View All

POPULATION DEMOGRAPHICS

- Age
 - Children (0-10 years)
 - Adolescents (11-18 years)
 - Young Adults (19-39 years)
 - Adults (40-65 years)
 - Older Adults (65+ years)
- Gender
 - Male
 - Female
- Race/Ethnicity
 - Alaskan Native
 - American Indian
 - Asian
 - Black (not of Hispanic or Latino origin)
 - Hispanic or Latino
 - Pacific Islander
 - White (not of Hispanic or Latino origin)
- Socioeconomic Status
 - Low
 - Middle/Upper
- Language
 - English
 - Spanish
 - Cambodian
 - Chinese
 - Hmong
 - Korean
 - Tagalog
 - Vietnamese

SETTING

- Delivery Location
 - Community-based
 - Religious establishments
 - School-based
 - Clinical
 - Workplace
 - Home-based
 - Day care / Preschool
- Population Locale
 - Rural
 - Suburban
 - Urban/Inner City

PRODUCTS

- Available on RTIPs
- Partially available on RTIPs
- Available from third party only

SEARCH CLEAR

EXPLORE TOPICS

EXPLORE ALL

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Search Results

Filter Results [Clear All](#)

Topic +

Age -

Children (0-10 years)

Adolescents (11-18 years)

Young Adults (19-39 years)

Adults (40-65 years)

Older Adults (65+ years)

Gender +

Race/Ethnicity +

Socioeconomic Status +

Language +

Setting +

Products +

RTIPs Score -

Research Integrity

1.0 5.0

Intervention Impact

2.0 5.0

Dissemination Capability

1.0 5.0

RE-AIM Score +

Time Requirement +

Topic: Colorectal Cancer Screening X Age: Adults (40-65 years) X Race/Ethnicity: Asian X

Compare Selected (0)

- [Culturally Tailored Navigator Intervention Program for Colorectal Cancer Screening](#)**

The Culturally Tailored Navigator Intervention Program for CRC Screening is a multilingual navigator program that aims to increase screening rates, particularly colonoscopy, for low-income patients regardless of their race, ethnicity, language, or insurance status. College-educated outreach workers and interpreters are recruited to serve as full-time patient navigators. They speak English and at least one of the other languages spoken by the patients served by the center hosting the program.

[Cancer Screening](#), [Awareness Building](#), [Suburban](#), [Urban/Inner City](#), [Adults \(40-65 years\)](#), [Young Adults \(13-39 years\)](#), [Older Adults \(65+ years\)](#)
- [Automated Telephone Calls Improve Completion of Fecal Occult Blood Testing](#)**

Designed to increase colorectal cancer screening among adults.

[Awareness building and Behavior Modification](#) | [Clinical](#) | [Adultes \(40-65 years\)](#)
- [Family CARE \(Colorectal Cancer Awareness and Risk Education\) Project \(FCARE\)](#)**

Designed to promote colorectal cancer (CRC) screening among individuals with familial CRC risk.

[Awareness building](#), [Behavior Modification](#), [Improve Risk Communication and Improve Risk Perception](#) | [Clinical](#), [Community](#), [Rural](#), [Suburban](#), [Urban/Inner City](#) | [Adults \(40-65 years\)](#), [Older Adults \(65+ years\)](#), [Young Adults \(19-39 years\)](#)
- [Colorectal Cancer Screening in Chinese Americans Project](#)**

Designed to help increase colorectal cancer screening among low-income, less-acclulturated Chinese Americans.

[Awareness building](#), [Behavior Modification](#) | [Clinical](#) | [Adults \(40-65 years\)](#), [Older Adults \(65+ years\)](#)
- [Fecal Immunochemical Test \(FIT\) and Colonoscopy Outreach](#)**

Designed to promote colorectal cancer (CRC) screening among adults.

[Awareness building](#), [Behavior Modification](#) | [Clinical](#), [Community](#), [Urban/Inner City](#) | [Adults \(40-65 years\)](#)
- [Filipino-American Health Study](#)**

Designed to increase colorectal cancer screening among Filipino Americans.

[Awareness building](#) | [Community](#), [Religious establishments](#), [Urban/Inner City](#) | [Adults \(40-65 years\)](#), [Older Adults \(65+ years\)](#)
- [Flu-FIT and Flu-FOBT Program](#)**

Designed to increase colorectal cancer screening among adults.

[Awareness building](#), [Behavior Modification](#) | [Clinical](#), [Suburban](#), [Urban/Inner City](#) | [Adults \(40-65 years\)](#), [Older Adults \(65+ years\)](#)



Home > Search > Compare Results

Compare Results

[< Back to Search](#)

Comparing Selected Results for: Topic: **Colorectal Cancer Screening, Age: Adults (40-65 years), Race/Ethnicity: Asian**

Add/Remove Rows

	Culturally Tailored Navigator Intervention Program for Colorectal Cancer Screening	Colorectal Cancer Screening in Chinese Americans Project	Family CARE (Colorectal Cancer Awareness and Risk Education) Project (FCARE)
Program Categories	Cancer Screening, Awareness Building, Suburban, Urban/Inner City, Adults, Young Adults, Older Adults	Awareness Building, Behavior Modification	Awareness building, Behavior Modification, Improve Risk Communication and Improve Risk Perception
Age	Adults (40-65 years), Older Adults (65+ years), Young Adults (19-39 years)	Adults (40-65 years), Older Adults (65+ years)	Adults (40-65 years), Older Adults (65+ years), Young Adults (19-39 years)
Gender	Female, Male	Female, Male	Female, Male
Race/Ethnicity	Asian, Black (not of Hispanic or Latino origin), Hispanic or Latino, White (not of Hispanic or Latino origin)	Asian	Alaskan Native, American Indian, Asian, Black, not of Hispanic or Latino origin, Hispanic or Latino, Pacific Islander, White, not of Hispanic or Latino origin
Socioeconomic Status	Low		
Language	English, Spanish	English	English
Setting	Urban community health centers and gastroenterology departments	Clinical	Clinical, Community, Rural, Suburban, Urban/Inner City
Products	Available on RTIPs	Available on RTIPs	Available on RTIPs
RTIPs Score	Research Integrity - 4.2 Intervention Impact - 3.0 Dissemination Capability - 4.0	Research Integrity - 4.3 Intervention Impact - 5.0 Dissemination Capability - 5.0	Research Integrity - 4.8 Intervention Impact - 2.5 Dissemination Capability - 4.0
RE-AIM Score	Reach - 20% Effectiveness - 66.7% Adoption - 50% Implementation - 71.4%	Reach - 80% Effectiveness - 66.7% Adoption - 0% Implementation - 42.9%	Reach - 100% Effectiveness - 66.7% Adoption - N/A Implementation - 100%
Time Requirement	6 hours training, up to 20 hours/week administering services, 4-6 hours per week patient supervision	Varies by patient, 15 minute video	70 minutes per participant

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Home > Programs > Culturally Tailored Navigator Intervention Program for Colorectal Cancer Screening

Culturally Tailored Navigator Intervention Program for Colorectal Cancer Screening



Designed to increase colorectal cancer screening among low-income adults.

Program Summary



Program Materials

- [Download Program Products](#)
- [Download Implementation Guide](#)
- [Program Insights](#)
- [Related Publications](#)

Program Highlights

- Purpose:** Multilingual navigator program to increase colorectal cancer screening uptake among low-income adults in a clinical setting.
- Population:** Un- and/or under-screened adults aged 52-79 with low income and low proficiency in English.
- Demographics:**
- **Age:** Adults (40-65 years), Older Adults (65+ years)
 - **Gender:** Male, Female
 - **Race/Ethnicity:** Asian, Black (not of Hispanic or Latino origin), Hispanic or Latino, White (not of Hispanic or Latino origin)
 - **Socioeconomic Status:** Low
 - **Language:** English, Spanish
 - **Setting:** Urban community health centers and gastroenterology departments.
 - **Delivery Location:** Clinical
 - **Population Locale:** Urban/Inner City

Resources Needed:

- Staff:**
- Program developer
 - Community health director
 - College-educated outreach workers and interpreters (full-time patient navigators)
- Time:**
- 6 hours per navigator for training
 - 1-2 hours per week per patient to administer services
 - up to 20 hours if the navigator accompanies the patient to the procedure or conducts home supervision
 - 4-6 hours per week to conduct home visit supervision in the first month and afterwards 2 hours

Program Products



[Preview, Download, and Order free materials on CD](#)

Program Description

The Culturally Tailored Navigator Intervention Program for CRC Screening is a multilingual navigator program that aims to increase screening rates, particularly colonoscopy, for low-income patients regardless of their race, ethnicity, language, or insurance status. College-educated outreach workers and interpreters are recruited to serve as full-time patient navigators. They speak English and at least one of the other languages spoken by the patients served by the center hosting the program.

All navigators participate in a 6-hour training course run by the program developer and the center's community health director. Training addresses several topics related to patient navigation and CRC screening, including performing an initial interview with patients to identify and explore barriers, working with patients to overcome barriers, educating patients about CRC screening, motivating and coaching patients, and scheduling and accompanying patients to colonoscopy testing. Each navigator is supervised by the program developer and community health director.

During the initial meeting, the navigator educates the patient about CRC screening and explores the patient's barriers to screening (e.g., lack of transportation, language barriers, scheduling difficulties). Subsequent meetings are tailored to each patient with the intention of overcoming personal, cultural, and systemic barriers to successfully complete screening. During these meetings, the navigator continues to educate about CRC screening, helps schedule screening appointments, reminds about appointments, reviews and translates information regarding the required bowel preparation, arranges for transportation, and accompanies those who do not have family members available. Navigators encourage patients to undergo colonoscopy, which is a preferred method and is covered by most insurance. If a patient prefers another CRC screening method, the navigator also assists in getting the screening through the alternative method.

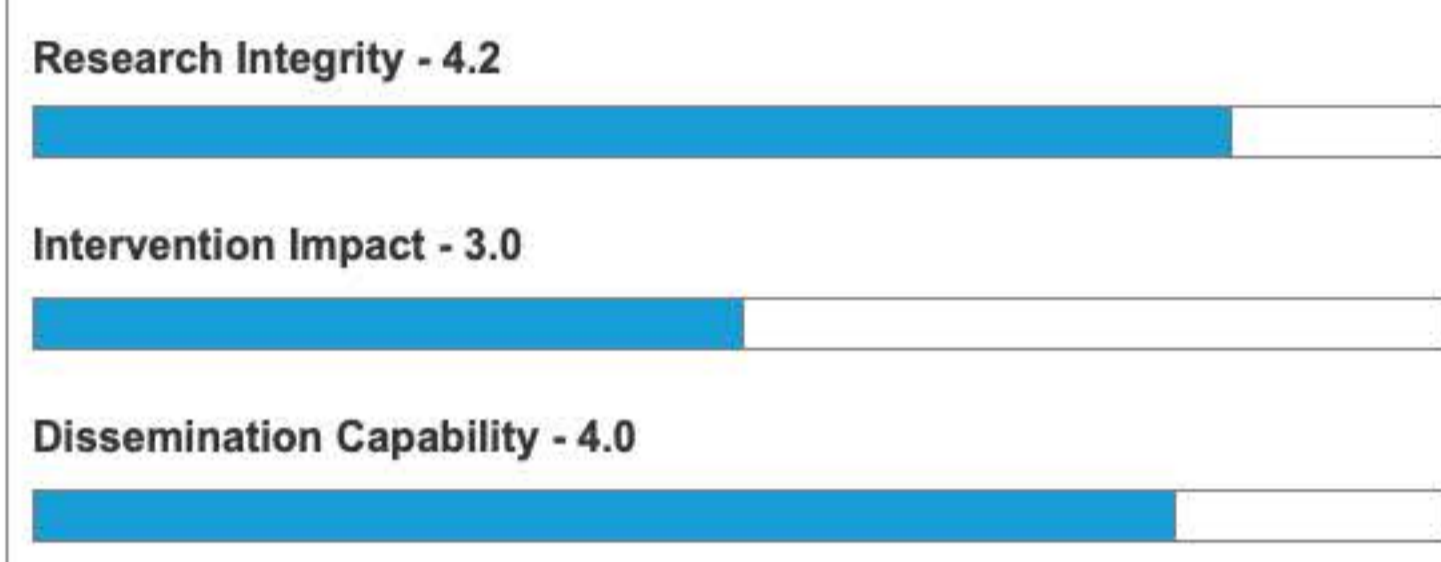
Community Preventive Services Task Force Finding

This program uses an intervention approach recommended by the Community Preventive Services Task Force: interventions to reduce structural barriers for clients (Colorectal Cancer Screening).

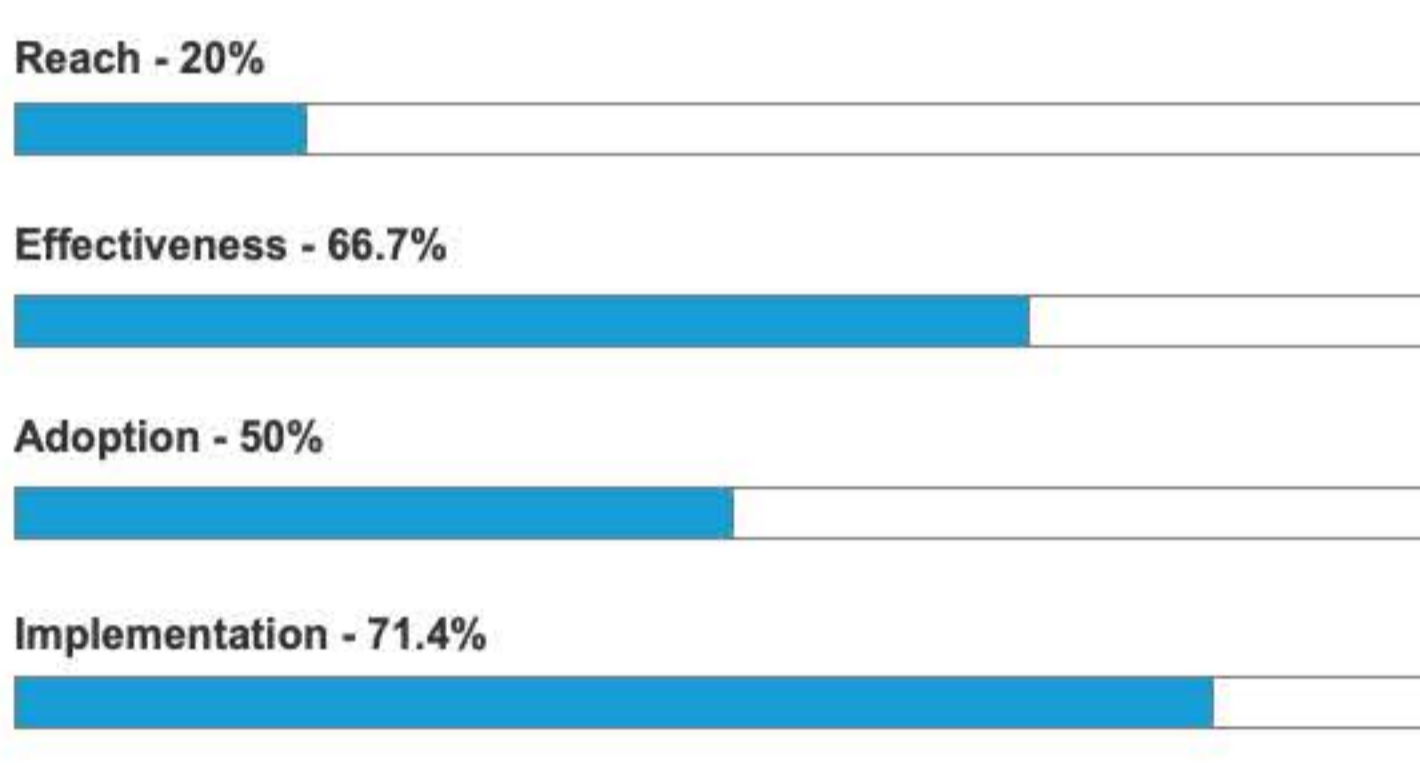
Implementation Guide

This resource, located on the Products Page, provides important information about the staffing and functions necessary for administering this program in the user's setting. Additionally, the steps needed to carry out the research-tested program, relevant program materials, and information for evaluating the program are included.

RTIPs Score



RE-AIM Score



More Details

The Need

Colorectal cancer (CRC) is the third most commonly diagnosed cancer and the second leading cause of cancer death in the United States. While morbidity and mortality from CRC can be reduced through early detection and treatment, rates of CRC screening are lower than for other preventable cancers. CRC screening rates are especially low among ethnic minorities, non-English speakers, and low-income individuals.

Strategies such as mailed reminders with educational information have been shown to increase cancer screening rates in low-income populations and those with limited English proficiency. More recently, evaluations have been conducted of "navigator programs", which are specifically designed to overcome patients' perceived barriers to screening. These programs use flexible problem-solving rather than providing a predetermined set of services. They often employ individuals who are bilingual and familiar with the social and cultural nuances of the patients they serve. Navigators help guide patients through the complexities of the health care system, coordinating appointments with work schedules and stressing the importance of consistent treatment and follow-up.

While two randomized controlled trials have been conducted to evaluate navigator programs, to date, there have been no evaluations of large-scale studies designed to increase overall rates of CRC screening among low-income communities using a multilingual navigator program. There is a need for a navigator program designed to increase CRC screening rates for patients regardless of their race, ethnicity, language, or insurance status.

About the Study

Funded by: Massachusetts General Hospital Clinical Innovation Award
Year: 2009

The participants in this study were patients aged 52-79 at the Massachusetts General Hospital (MGH) Chelsea HealthCare Center, the largest provider of care for the residents of Chelsea, Massachusetts. This city of 35,080 people has been a gateway for refugees and immigrants for more than a century. Recent immigrants have come from Bosnia, Somalia, Afghanistan, Northern and Western Africa, and Central America. Poverty levels in this area are more than twice the statewide average.

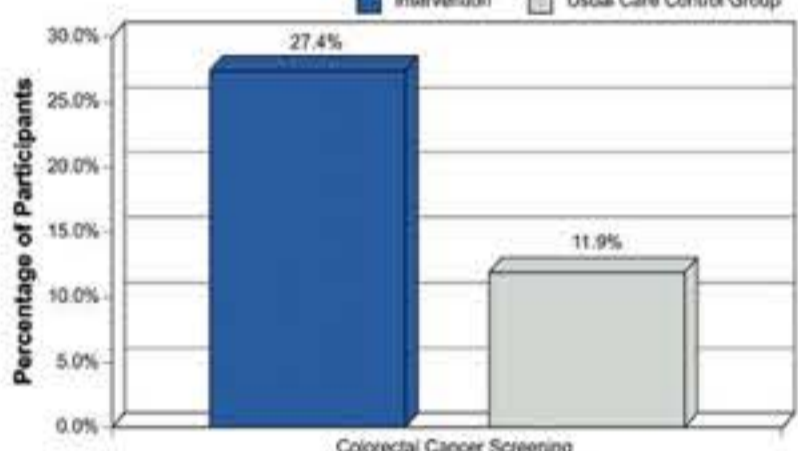
To be eligible, participants could not have undergone a colonoscopy in the past 10 years, a sigmoidoscopy/barium enema in the past 5 years, or home fecal occult blood testing in the past year. Patients were also not eligible if they were acutely ill or had dementia, metastatic cancer, schizophrenia, or any terminal illness. Participants were identified for the study using an algorithm that assigned all patients seen in the MGH primary care network to either a specific primary care physician or to the primary care practice. They were then randomized into intervention and usual care control groups in a 1:2 ratio, with 409 participants assigned to early intervention and 814 to the usual care control group. Patients in the usual care control group received navigator services after completion of the 9-month intervention.

A list of the participants was entered into a navigator database to track their visits to the health center and gastroenterology unit. The navigator sent all intervention patients an introductory letter in their native language explaining the project, along with a packet of educational materials related to CRC screening. Subsequently, the navigator recruited patients during their visits to the health center or via telephone.

After the patient completed the CRC screening, the navigator updated the patient's medical record with the screening results. The primary outcome was the percentage of eligible patients in the intervention versus the control group who received CRC screening, which was defined as colonoscopy, sigmoidoscopy, barium enema, or home fecal occult blood testing during the study period.

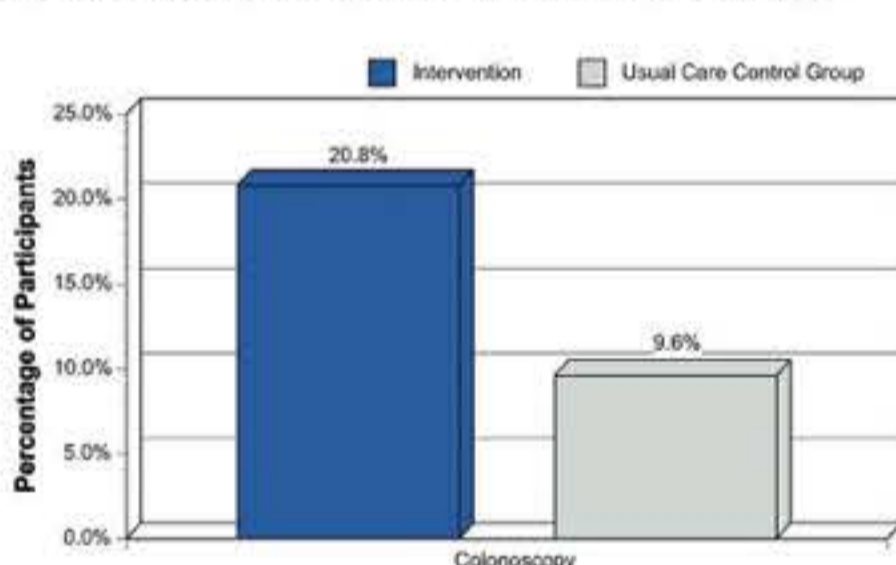
Key Study Findings

Figure 1. Percentage of Eligible Patients Receiving Colorectal Cancer Screening



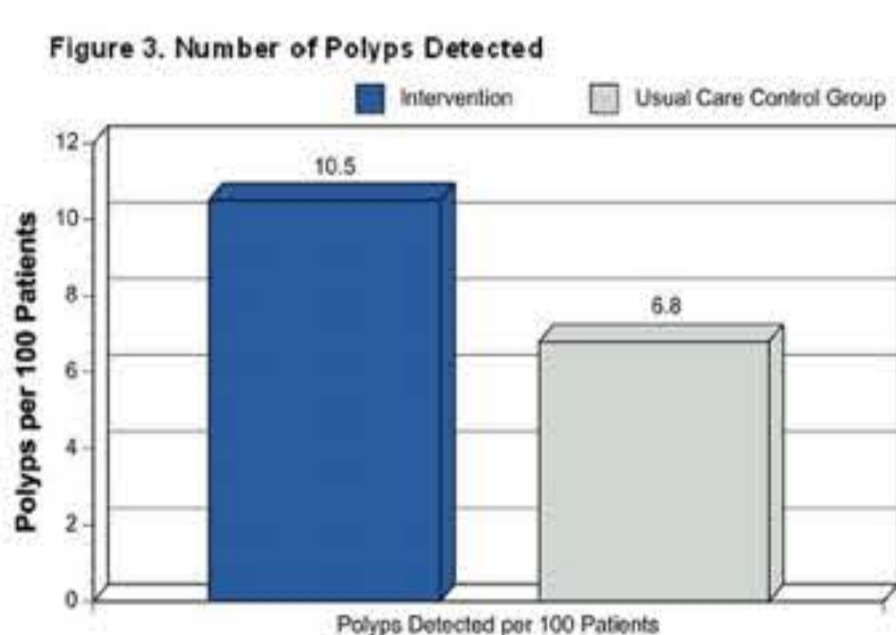
During the 9-month study period, the rate of CRC screening was significantly higher in the intervention group than in the usual care control group, with rates of 27.4% and 11.9%, respectively (p<.001).

Figure 2. Percentage of Eligible Patients Receiving Colonoscopy



During the 9-month study period, the rate of patients receiving colonoscopy was significantly higher in the intervention group than in the usual care control group, with rates of 20.8% and 9.6%, respectively (p<.001).

Figure 3. Number of Polyps Detected



During the 9-month study period, the number of polyps detected per 100 patients was significantly higher in the intervention group than in the usual care control group, with rates of 10.5 and 6.8 polyps detected, respectively (p=.04).

Publications

[Percac-Lima S, Grant RW, Green AR, Ashburner JM, Gamba G, Oo S, Richter JM, Atlas SJ. \(2009\). A culturally tailored navigator program for colorectal cancer screening in a community health center: a randomized, controlled trial. Journal of General Internal Medicine, 24 \(2\), 211-217.](#)

[Percac-Lima S, López L, Ashburner JM, Green AR, Atlas SJ. \(2014\). The longitudinal impact of patient navigation on equity in colorectal cancer screening in a large primary care network. Cancer, 120 \(13\), 2025-2031.](#)

Program Insight

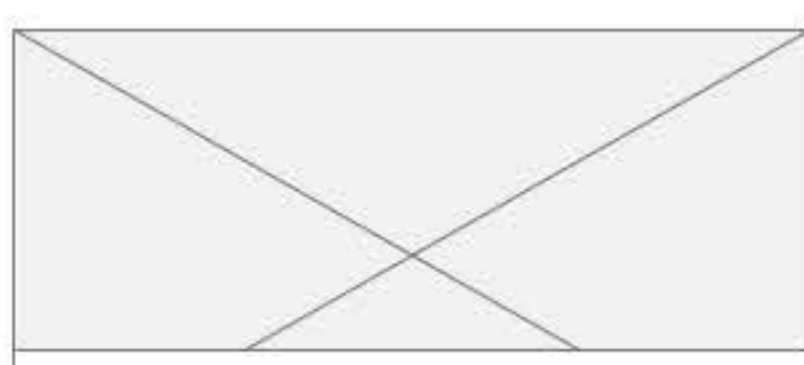
Learn more about this program and the investigator who created it. [View Researcher Profile](#)

Success Story

Colorectal Cancer Screening Program Rolled Out in Massachusetts

The Culturally Tailored Navigator Intervention Program for CRC Screening is a multilingual navigator program that aims to increase screening rates, particularly colonoscopy, for low-income patients regardless of their race, ethnicity, language, or insurance status.

Related Programs



[Home](#) > [Programs](#) > [Culturally Tailored Navigator Intervention Program for Colorectal Cancer Screening](#) > Program Materials

Culturally Tailored Navigator Intervention Program for Colorectal Cancer Screening

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For Implementers



PDF 4.25MB

Implementation Guide

Program delivery protocol.

The Implementation Guide is a resource for implementing this program. It provides important information about the staffing and functions necessary for administering this program in the user's setting. Additionally, the steps needed to carry out the research-tested program, relevant program materials, and information for evaluating the program are included.

For Counselors



PDF 4.25MB

Take Control Brochure (English & Spanish)

Participant brochure

Average Readability Score: Grade 8.5



PDF 4.25MB

Colorectal Cancer Screening Fact Sheet Handout (English & Spanish)

Participant fact sheet

Average Readability Score: Grade 8.5



PDF 4.25MB

Patient Contact Form

Participant fact sheet

Average Readability Score: Grade 8.5



Order DVD

Navigator Training DVD - "Colon Cancer Screening: Deciding What's Right for You"

Training DVD for navigators. This featured DVD was developed by Health Dialog and must be obtained directly from the company following the completion of an online request form. Please select the accompanying link to obtain further information about ordering this DVD.

Adaptation Guidelines

[Program Adaptation Guidelines](#): provides tips on how to ensure your program's optimal success in your community's setting when adapting materials that were designed and tested within a controlled research study. Before adapting programs, users should review current literature, guidelines, and other evidence reviews to update the program materials.

[Putting Public Health Evidence in Action](#): an interactive training curriculum to support community program planners and health educators in developing skills in using evidence-based approaches.

Attention:

Program materials used in this research project may be downloaded and saved from this site. The material may be used "as is" or may be modified and adapted for your context.

You may review each item individually by selecting the links provided or, unless indicated otherwise, you may order a copy of the program's product materials by using the Order link.

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AGE

- Children (0-10 years)
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- Adults (40-65 years)
- Older Adults (65+ years)

SETTING

- Community
- Religious establishments
- Rural
- Suburban
- Urban/Inner City
- School-based
- Clinical
- Workplace
- Home-based
- Day care / Preschool

RACE/ETHNICITY

(of of the study population)

- Alaskan Native
- American Indian
- Asian
- Black, not of Hispanic or Latino origin
- Hispanic or Latino
- Pacific Islander
- White, not of Hispanic or Latino origin

SOCIOECONOMIC STATUS

- Low
- Middle/Upper

LANGUAGE

- English
- Spanish
- Cambodian
- Chinese
- Hmong
- Korean
- Tagalog
- Vietnamese

MATERIALS

- Available on RTIPs
- Partially available on RTIPs
- Available from third party only

GENDER

- Male
- Female

SEARCH

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Search Criteria: Adults (40-65 years) Asian Colorectal Cancer Screening

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 - Adolescents (11-18 years)
 - Young Adults (19-39 years)
 - Adults (40-65 years)
 - Older Adults (65+ years)
- Gender
- Materials
- Race/Ethnicity
 - Alaskan Native
 - American Indian
 - Asian
 - Black (not of Hispanic or Latino origin)
 - Hispanic or Latino
 - Pacific Islander
 - White (not of Hispanic or Latino origin)
- Socioeconomic Status
- Language
- Setting
- Topics
 - Screening
 - Breast Cancer
 - Cervical Cancer
 - Colorectal Cancer
 - Prostate Cancer
 - Prevention
 - Informed Decision Making
 - Public Health Genomics
 - Survivorship/Supportive Care
 - View All

Compare	Program Title, Focus and Description	Topic Area	Population Focus	Setting	Staffing	Time	
<input type="checkbox"/>	Automated Telephone Calls Improve Completion of Fecal Occult Blood Testing	Colorectal Cancer Screening	Adults	Clinical	1 person	2 weeks	DOWNLOAD / ORDER MATERIALS
<input type="checkbox"/>	Colorectal Cancer Screening in Chinese Americans Project <i>Awareness building and Behavior Modification</i> Designed to help increase colorectal cancer screening among low-income, less-acculturated Chinese Americans. (2006) NCI (Grant number: CA92432)	Colorectal Cancer Screening	Medically Underserved	Clinical	1 person	3 weeks	DOWNLOAD / ORDER MATERIALS
<input type="checkbox"/>	Culturally Tailored Navigator Intervention Program for Colorectal Cancer Screening <i>Awareness building and Motivation</i> Designed to increase colorectal cancer screening among low-income adults. (2009) Massachusetts General Hospital Clinical Innovation Award (Grant number not available.)	Colorectal Cancer Screening	Un- and/or Underscreened Individuals	Clinical, Urban/Inner City	3 people	2 weeks	DOWNLOAD / ORDER MATERIALS
<input type="checkbox"/>	Family CARE (Colorectal Cancer Awareness and Risk Education) Project (FCARE)	Colorectal Cancer Screening	Individuals with familial colorectal cancer risk	Clinical, Community, Rural, Suburban, Urban/Inner City	1 person	2 weeks	DOWNLOAD / ORDER MATERIALS
<input type="checkbox"/>	Fecal Immunochemical Test (FIT) and Colonoscopy Outreach	Colorectal Cancer Screening	Adults	Clinical, Community, Urban/Inner City	3 people	2 weeks	DOWNLOAD / ORDER MATERIALS
<input type="checkbox"/>	Filipino-American Health Study	Colorectal Cancer Screening	Un- and/or Underscreened Individuals	Community, Religious establishments, Urban/Inner City	1 person	3 weeks	DOWNLOAD / ORDER MATERIALS
<input type="checkbox"/>	Flu-FIT and Flu-FOBT Program	Colorectal Cancer Screening	Adults	Clinical, Suburban, Urban/Inner City	3 people	2 weeks	PREVIEW / ORDER MATERIALS
<input type="checkbox"/>	Healthy Colon, Healthy Life	Colorectal Cancer Screening	Adults	Clinical	1 person	2 weeks	DOWNLOAD / ORDER MATERIALS
<input type="checkbox"/>	Mailed Reminder to Increase Completion of Fecal Occult Blood Testing (FOBT) for Veterans <i>Awareness building and Behavior Modification</i> Designed to promote colorectal cancer (CRC) screening among adults. (2009) NCRR (Grant number: T32RR023254), NIDDK (Grant number: DK080506), DoVA (Grant number: IIR07-101)	Colorectal Cancer Screening	Adults	Clinical, Home-based	3 people	2 weeks	DOWNLOAD / ORDER MATERIALS
<input type="checkbox"/>	New Hampshire Colorectal Cancer Screening Program (NHCRCS) Patient Navigation Intervention	Colorectal Cancer Screening	Medically Underserved	Clinical, Community, Home-based, Rural, Suburban, Urban/Inner City,	1 person	2 weeks	DOWNLOAD / ORDER MATERIALS

COMPARE

Culturally Tailored Navigator Intervention Program for Colorectal Cancer Screening

Highlights

Share    

Purpose	Designed to increase colorectal cancer screening among low-income adults. (2009)	Program Focus	Awareness building and Motivation
Age	Adults (40-65 years), Older Adults (65+ years)	Population Focus	Un- and/or Underscreened Individuals
Gender	Female, Male	Topic	Tobacco Control
Race/Ethnicity	Asian, Black, not of Hispanic or Latino origin, Hispanic or Latino, White, not of Hispanic or Latino origin	Setting	Clinical, Urban/Inner City

Browse more programs on Colorectal Cancer Screening

Explore Similar Programs

Healthy Colon, Healthy Life | Flu-FIT and Flu-FOBT Program | Filipino-American Health Study | Colorectal Cancer Screening in Chinese Americans Project

The Need

Colorectal cancer (CRC) is the third most commonly diagnosed cancer and the second leading cause of cancer death in the United States. While morbidity and mortality from CRC can be reduced through early detection and treatment, rates of CRC screening are lower than for other preventable cancers. CRC screening rates are especially low among ethnic minorities, non-English speakers, and low-income individuals.

Strategies such as mailed reminders with educational information have been shown to increase cancer screening rates in low-income populations and those with limited English proficiency. More recently, evaluations have been conducted of "navigator programs", which are specifically designed to overcome patients' perceived barriers to screening. These programs use flexible problem-solving rather than providing a predetermined set of services. They often employ individuals who are bilingual and familiar with the social and cultural nuances of the patients they serve. Navigators help guide patients through the complexities of the health care system, coordinating appointments with work schedules and stressing the importance of consistent treatment and follow-up.

The Program

Implementation Guide

Community Preventive Services Task Force Finding

Time Required

Intended Audience

Suitable Settings

Required Resources

The Culturally Tailored Navigator Intervention Program for CRC toolkit includes the following materials:

- Implementation Guide
- Take Control Brochure (English and Spanish)
- Colorectal Cancer Screening Basic Fact Sheet (English and Spanish)
- Navigator Training DVD, "Colon Cancer Screening: Deciding What's Right for You" (Available at <http://blog.healthdialog.com/order-health-dialog-decision-aids/>)
- Patient Contact Form

About the Study

Key Findings

Publications

Funded By

User Reviews (0)

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RTIPs Scores



This program has been rated by external peer reviewers.

Learn more about the ratings

RE-AIM Scores



This program has been evaluated on criteria from the RE-AIM framework, which helps translate research into action.

Learn more about the ratings

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Culturally Tailored Navigator Intervention Program for Colorectal Cancer Screening

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PDF 4.25MB

Implementation Guide

Program delivery protocol.

The Implementation Guide is a resource for implementing this program. It provides important information about the staffing and functions necessary for administering this program in the user's setting. Additionally, the steps needed to carry out the research-tested program, relevant program materials, and information for evaluating the program are included.



PDF 4.25MB

Take Control Brochure (English & Spanish)

Participant brochure

Average Readability Score: Grade 8.5



PDF 4.25MB

Colorectal Cancer Screening Fact Sheet Handout (English & Spanish)

Participant fact sheet

Average Readability Score: Grade 8.5



PDF 4.25MB

Patient Contact Form

Participant fact sheet

Average Readability Score: Grade 8.5



Order DVD

Navigator Training DVD - "Colon Cancer Screening: Deciding What's Right for You"

Training DVD for navigators. This featured DVD was developed by Health Dialog and must be obtained directly from the company following the completion of an online request form. Please select the accompanying link to obtain further information about ordering this DVD.

Adaptation Guidelines

[Program Adaptation Guidelines](#): provides tips on how to ensure your program's optimal success in your community's setting when adapting materials that were designed and tested within a controlled research study. Before adapting programs, users should review current literature, guidelines, and other evidence reviews to update the program materials.

[Putting Public Health Evidence in Action](#): an interactive training curriculum to support community program planners and health educators in developing skills in using evidence-based approaches.

Attention:

Program materials used in this research project may be downloaded and saved from this site. The material may be used "as is" or may be modified and adapted for your context.

You may review each item individually by selecting the links provided or, unless indicated otherwise, you may order a copy of the program's product materials by using the Order link.

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